

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 27 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P93000087409

1. Corporation Name

KABO REALTY CORP.

2. Principal Office Address

1900 Collins Avenue

3. Mailing Office Address

1900 Collins Avenue

Suite, Apt. #, etc.

Peter Miller Hotel

Suite, Apt. #, etc.

Peter Miller Hotel

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

USA

Zip

33139

Country

USA

REINSTATEMENT

06

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/93

5. FEI Number

65049730

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Kadosh

Street Address (P.O. Box Number is Not Acceptable)

1900 Collins Avenue

Suite, Apt. #, Etc.

Peter Miller Hotel

City

Miami Beach

State

FL

Zip Code

33139

200082371232
12/07/06--01053--015 **750 00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael Kadosh

Date 11/17/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, VP, S, T, RA	Michael Kadosh	1900 Collins Avenue Peter Miller Hotel	Miami Beach FL 33139

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Michael Kadosh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/06

Date

305/893-4135

Daytime Phone #

K. Eckel NOV 27 2006